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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 02/13/2001

\*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 5 <del>3</del> NP	<b>INDEPENDENT CLAIMS</b> 1 <del>5</del> NP
Verified and Acknowledged	Examiner's Signature <u>Nihir Patel</u> Initials <u>NP</u>				

## ADDRESS

66854

## TITLE

A DEVICE IMPLANTABLE IN THE CORONARY SINUS TO PROVIDE MITRAL VALVE THERAPY

<b>FILING FEE RECEIVED</b> 938	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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